

FILED MAR 30 1951

STANDARD CERTIFICATE OF DEATH

5867 State File No. 9463
 #386 Registrar's No. 13

0750
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>254</u>		PRIMARY REG. DIST. NO. <u>#386</u>		State File No. <u>5867</u>		Registrar's No. <u>13</u>			
1. PLACE OF DEATH a. COUNTY <u>Oregon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Oregon</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Thayer Rural</u>		c. LENGTH OF STAY (in this place) <u>Lifetime</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Thayer Rural</u> <u>Thayer</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>0750</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>			b. (Middle) <u>FRANKLIN</u>			c. (Last) <u>BLANKENSHIP</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March</u> <u>9</u> , <u>1951</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 20, 1884</u>		9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR <u>6</u> Months	IF UNDER 24 HRS. <u>19</u> Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Oregon Co., Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Scott Blankenship</u>				13b. MOTHER'S MAIDEN NAME <u>Cardine Grisson</u>			14. NAME OF HUSBAND OR WIFE <u>Mary Blankenship</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>William Low</u> <u>Thayer, Mo.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>								INTERVAL BETWEEN ONSET AND DEATH <u>4200</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____									
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? _____						
22. I hereby certify that I attended the deceased from <u>March 6, 1951</u> , to <u>March 6, 1951</u> , that I last saw the deceased alive on <u>March 6, 1951</u> , and that death occurred at <u>9:10 P.M.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>W. L. Cooper</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Thayer, Mo.</u>				23c. DATE SIGNED <u>3/14/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 11, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Norman Cemetery</u>				24d. LOCATION (City, town, or county) (State) <u>Thayer, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>3-27-51</u>		REGISTRAR'S SIGNATURE <u>Ella Cross</u> #46				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Flora Carter</u> <u>Thayer, Mo.</u>					

RECEIVED

MAR 29 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.

Signed *Richard Carter*

Signed.....
Student Embalmer

Licensed Embalmer No. *40516*

P. O. Address *Thuis mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.